

2399

Printed in black ink with untracing ink.—This is a permanent record.
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH				ARIZONA STATE BOARD OF HEALTH				
BUREAU OF VITAL STATISTICS				State Index No. 257				
County of <u>Yuma</u>				ORIGINAL CERTIFICATE OF BIRTH				
District of <u>San Carlos Agency</u>				Co. Register No.				
Town of <u>San Carlos Agency</u>				Local Registrar's No.				
City of <u>(No. St; Ward)</u>								
FULL NAME OF CHILD <u>C. G. 17</u>				Born } YES				
If child is not named, make Supplemental Report on blank obtainable from local registrar.				Alive } NO				
Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth	Month	Day	Yr.
<u>Male</u>					<u>May</u>	<u>12</u>		<u>191</u>
FATHER				MOTHER				
Full Name <u>C. G. 17</u>				Full Maiden Name				
Residence <u>San Carlos Agency</u>				Residence <u>San Carlos Agency</u>				
Color or Race <u>Indian</u> Age at last Birthday (Years)				Color or Race <u>Indian</u> Age at last Birthday (Years)				
Birthplace <u>San Carlos Agency</u>				Birthplace <u>San Carlos Agency</u>				
Occupation				Occupation				
Number of child of this mother		Number of children, of this mother, now living		Were precautions taken against Ophthalmia neonatorum? <u>No</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on 191....., at M.

{ *When there is no attending physician or midwife, then the householder should make this return. (Signature) (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report 191.....

000-312-000 COUNTY REGISTRAR.

Address
Filed Apr 23 1914 Maxwell Herman LOCAL REGISTRAR.
A True Copy
Filed 191..... COUNTY REGISTRAR.